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ABSTRACT

Part of a study on the link between LD (learning disabilities) and delinquency, the paper summarizes the literature on the prevalence of handicapped juveniles in the justice system. Following a review of methodological limitations in the literature, the paper summarizes findings about the prevalence of emotional disturbances, mental retardation and LD in juveniles in the justice system. It was concluded that the prevalence of handicapped juveniles in the justice system is significant and presents complex problems. Recommendations center on the needs for uniform definitions and operational criteria for handicapping conditions, for systematic early identification and intervention for at-risk children, and for better coordination of services between the systems. (CL)

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PREVALENCE OF HANDICAPPED JUVENILES IN THE JUSTICE SYSTEM: A SURVEY OF THE LITERATURE

(Edited from Written Testimony for the Select Committee on Children, Youth and Families)

By

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PREVALENCE OF HANDICAPPED JUVENILES IN THE JUSTICE SYSTEM: A SURVEY OF THE LITERATURE

The topic I have been assigned to research and to present the results to this Committee is that of surveying and summarizing the literature which reports the prevalence of handicapped juveniles in the justice system. This task turned out to be one most awesome in nature and a frustrating experience for this writer; awesome because of the apparent magnitude of the problem as reported by practitioners; frustrating because of the lack of reliable data verifying practitioners' experiences and/or observations.

In reviewing the literature, I found only a very few recent (past 13 years) comprehensive surveys of the handicapped juveniles in the juvenile justice system have been conducted. Of these few, there were three national surveys and one national comparative analysis examining the prevalence of handicapped juveniles. One national survey was that of David Morgan (1978), "Prevalence and Types of Handicapping Conditions Found in Juvenile Correctional Institutions." A second survey was from the National Center for Health Statistics, "Prevalence of Selected Impairments in the United States) (1971). A third survey was by David H. Kaskowitz, "Validation of State Counts of Handicapped Children: Volume II - Estimation of the Number of Handicapped Children in Each State." All three of these surveys had a large number of biases and variables making a valid measurement of the accuracy of the predicted prevalence virtually impossible.

The comparative analysis examining the prevalence of Learning Disabilities was conducted by the National Center for State Courts and the ACLD-R&D Project, Noel Dunivant and Dorothy Crawford, Co-Project Directors. This analysis had some rigorous controls built into its design. Ultimately, approximately 2,000 twelve to fifteen-year-old males in two populations (one officially non-delinquent and the other adjudicated delinquent) were involved in which their records were reviewed followed by testing for LD or not LD. The results of the evaluations were then analyzed to determine the prevalence of LD in both groups and comparisons made of the statistical prevalence of LD between non-delinquent and delinquent populations. This study too had its biases, but due to its national scope, documentation of results, and the research controls, probably is the most accurate of any prevalence study conducted to date. Its limitations are primarily in the areas of definitional issues and that only one handicapping condition was examined.

Juveniles diverted from the juvenile justice system and those detained, yet undiagnosed, are often omitted in study

findings. These omissions limit the information available on the degree and character of handicaps among juvenile justice clients. The available research also lacks information on the quality and extent of services to handicapped offenders in the juvenile justice system. Instead, the literature focuses on descriptive studies of specific policies and programs, of the classification of behaviors.

Given the above limitations, this testimony draws heavily from evidence in the available national studies such as those of Kaskowitz (1977), Morgan (1978; 1979), Crawford and Dunivant (1982). In addition, consistent findings from geographically narrower studies are presented drawn from a yet unpublished report from the American Justice Institute. They contacted juvenile justice officials and practitioners. This direct contact revealed information frequently neglected in the literature. The reader is cautioned to distinguish between suggestive and definitive findings.

Three national studies of handicap prevalence are cited throughout this report (i.e., Morgan, 1978, 1979; Kaskowitz, 1977; Crawford and Dunivant, 1982). Morgan examined the incidence of handicaps in juvenile correctional institutions. Kaskowitz surveyed the incidence of the same handicaps among the school-age general population, ages six to seventeen. Crawford and Dunivant (1982) examined the incidence of Learning Disabilities in two populations of 12-15-year old males in order to determine the variance of incidence, one of approximately 1,000 officially non-delinquents, and the other of approximately 1,000 adjudicated delinquents to determine the difference, if any. The relative incidence of each major handicap in the juvenile justice system is presented. Incidence of the handicaps among juvenile justice system clients are compared with those of the school-age general population. The comparisons indicate possible relationships between the handicaps and delinquency.

Morgan compiled survey results from 50 States and four U. S. territories on the number of incarcerated youth with one or more of the handicaps specified in the Education of All Handicapped Children Act of 1975 (P.L. 94-142). Of the 11 handicap categories covered by Morgan's survey, the three most prevalent handicaps were emotional disturbances, learning disabilities, and mental retardation. Since Morgan instructed respondents to indicate only the most disabling problem for individuals with more than one handicap, the survey data does not include the incidence of multiple handicaps among juvenile justice system clients. Morgan's survey results are summarized in Table I along with prevalence estimates in the general population from L. M. Dunn in 1973 and statistics collected by David H. Kaskowitz. (See following Page for Table I)

Table I

Comparison of Prevalences of Handicapping Conditions Among Juvenile Offenders and Among the General Student Population Drawn From Surveys and Prevalence Estimates.

Handicap	% Among Juvenile Offenders*	% in General Population** Dunn (1973)	Kaskowitz
Emotionally Handicapped	16.2	2.0	1.2 - 2.0
Specific Learning Disabled	10.6	1.5	1.0 - 3.0
Educable Mentally Retarded	7.7	1.5)	
Trainable Mentally Retarded	1.8	0.8) —	2.3
Speech Impaired	1.7	3.5)	
Visually Handicapped	1.6	0.1	
Hard of Hearing	1.4	0.6	
Other	1.1	0.6	
TOTAL	42.1	10.6	2.2 7.3

*Morgan (1979) sent questionnaires to state juvenile correctional administrators in 50 states and 5 U. S. territories. Response rate, completeness, and considerations of nonresponse-bias effects are difficult to assess. Morgan states (p. 284) that "replies were received from all but the Virgin Islands, and all but 6 provided most of the information requested. The number of responding institutions was 204." Morgan states that some other non-sampling biases in his survey are (a) the broad interpretations given definitions of handicaps by the survey respondents; (b) "over-labeling" in order to maximize state and federal funding; and (c) concealment of primary data in order to report impressions favoring respondents biases and predilections.

**Prevalence estimates for student population from Dunn (1973, p. 14). Prevalence statistics by Kaskowitz drawn from Metz (1973); National Center for Health (1975) reports.

Morgan expresses concern that his figures may be inflated.[1] However, the following observations contradict his caution: other studies report even higher incidence rates for incarcerated juveniles; some estimates for single handicaps exceed 50 percent (Murray, 1976; Swanstrom, Randle, and Offord, 1979): undiagnosed and non-incarcerated juvenile offenders are not included in the figures; and P.L. 94-142 (the basis upon which MOrgan identified handicapped juveniles) concerns only handicaps that "adversely affect educational performance" (Morgan, 1979:88-89).

In a study funded by the Federal Bureau of Education for the Handicapped, Kaskowitz reviewed the literature and presented "low" and "high" estimates of the prevalence of P.L. 94-142 handicaps in the school-age population. Kaskowitz's high estimates of handicaps among the school-age general population are compared with Morgan's incidence figures. (Consequently, the differences between handicap prevalence in the juvenile justice system and the school-age general population, presented herein, are conservative estimates.)

Many juvenile offenders are not incarcerated; therefore, reliable estimates are unavailable about handicap prevalence among non-incarcerated delinquents. Similarly, juvenile offenders awaiting their adjudicatory hearing, and non-adjudicated delinquents should be included in any handicap study of juvenile justice system clients.

Prevalence of Emotional Disturbances Among Juveniles In the Juvenile Justice System

Morgan found that emotional disturbance is the most prevalent handicap among residents of juvenile correctional institutions (Morgan, 1978). Morgan's survey results indicate a 16.2 percent prevalence of emotional disturbance among incarcerated juvenile offenders. Many emotionally disturbed juveniles in the justice system are not identified, due to a lack of adequate, comprehensive psychological and/or psychiatric intake examinations; therefore, they are not included in prevalence statistics. Although Morgan suggests his estimates may be inflated, it is also possible that the available prevalence data on emotional disturbances in the juvenile justice system are underestimates.

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[1]For several reasons, Morgan suggests his estimates may be inflated. These reasons include: broad interpretations of definitions; qualifications and resources of those conducting evaluations; several instances of educated guesses, instead of individual evaluations; and the possibility of "overlabeling" to secure extra subsidies (Morgan, 2979:292).

National surveys of correctional programs, detention facilities, and the courts indicate psychological and psychiatric evaluations are conducted on a limited basis. The results of a national survey of 39 juvenile correctional programs (carefully sampled to represent the different types of facilities in the juvenile justice system) indicate only 36 percent of the facilities provide psychiatric screening at intake (Vinter, Newcomb, and Kish, 1976). Similarly, in a summary of the results of a 1966 national survey by Pappenfort, Kilpatrick, and Kuby, Sarri reports that of the 242 detention facilities surveyed, 53 percent provided no psychiatric examinations (Sarri, 1974:55). In those detention facilities providing testing, only 22 percent of the detained youth received psychological testing, and only 10 percent were psychiatrically evaluated (p. 56). Although the survey was conducted several years ago, Sarri suggests that the data are still accurate, as detention practices have barely altered over the past 20 years (p. 36). Finally, in a national study of juvenile courts conducted by the same researchers, it was found that ". . . psychological evaluations were not routinely collected in most courts . . ." and that " . . . evaluations by experts--attorneys, psychiatrists, psychologists--only occurred in cases where youth had serious emotional, social, or physical problems, or in cases in which a serious disposition (transfer of custody, institutionalization) was being considered" (Sarri and Hasenfield, 1976:147-148).

A large percentage of disturbed juvenile offenders are not identified or provided with psychological or psychiatric examinations. Generally, psychological or psychiatric examinations are given only to juveniles whose parents, probation officers, or juvenile hall staff request them (Sacramento County Probation, 1981). Given the limited resources, those identified for exams are most likely the overtly violent or suicidal juveniles, who are often hard to manage, therefore, easily recognized. Many violent emotionally disturbed juvenile offenders are not identified for evaluation. In a study of violent juvenile delinquents, Lewis, Shanok, Pincus, and Glaser report:

> Because of the need for lengthy diagnosis and prolonged treatment, violent juveniles are likely to be dismissed merely as incorrigible sociopaths and simply incarcerated. Our findings suggest that enlightened psychological, educational, and medical programs can and should be devised to meet the needs of these mulitply-damaged children (Lewis, Shanok, Pincus, and Glaser, (1979:318).

Comparison of Morgan's figure of 16.2 percent prevalence of emotional disturbance among incarcerated juveniles with

Kaskowitz's estimate of 1.2 to 2 percent incidence[2] of emotional disturbance among school-age children in the general population indicates emotionally disturbed juveniles are over-represented in the juvenile justice system. Even if Morgan's prevalence statistics are somewhat overestimated (as he suggests), the gap between the figures remains considerable.

Prevalence of Juveniles With Learning Disabilities in the Juvenile Justice System

Estimating the prevalence of learning disabilities in the general and delinquent populations is complicated, due to problems of definition, measurement and sampling procedures. From an extensive literature review of studies concerned with learning disabilities and delinquency, Murray reports, "With few exceptions, the quantitative work to date has been so poorly designed and presented that it cannot be used even for rough estimates of the link" (Murray, 1976:61, emphasis in original). Nevertheless, available estimates can provide a sense of the magnitude of the difference between learning disability prevalence in the general and delinquent juvenile populations.

According to Morgan's data, learning disabilities are the second most prevalent handicap among juvenile justice system clients (Morgan, 1979). Morgan's data suggest that 10.6 percent of incarcerated juveniles have learning disabilities as their most disabling handicap. Other researchers report different estimates of learning disabilities among delinquents. Murray reports a range of estimates "from 90.4 percent to 56 percent to 32 percent to 22 percent" (Murray, 1976:61). Recent studies provided prevalence figures of 56 percent, 49 percent, and 37 percent. Swanstrom, Randle, and Offord (1979) examined 105 adjudicated 12-to-17-year-old boys in Rochester, Minnesota, and reported that 56 percent were learning-disabled. Podboy and Mallory (1978:32) studied 250 youths held at a juvenile detention facility in Sonoma County, California, finding 49 percent to be learning-disabled. Sawicki and Schaffer (1979) determined 27 percent of 232 boys and girls in detention at the St. Louis County Juvenile Court were learning-disabled. Finally, the Association for Children with Learning Disabilities (ACLD) found 32 percent learning-disabled among delinquents (Crawford and Dunivant, 1982). The ACLD study is the only national prevalence study with double blind controls and where an

[2]Low estimate based on Metz (1973) and high estimate based on National Center for Health Statistics (1972; 1974; 1975) Health Examination Surveys of Children and Youth.

at-random national sample was selected and tested creating viable results.

In contrast to the range of 10.6 percent to 90.4 percent learning disabilities among juvenile delinquents, Kaskowitz (1977:32) reports estimates ranging from 1.0 to 3.0 percent learning disabilities among the school-age general population.[3] Kaskowitz notes the low and high ends of the range correspond to figures estimated by the National Advisory Committee on Handicapped Children in 1968 (p. 33). This difference suggests a relationship of some kind between learning disabilities and delinquency. The nature of this hypothesized link has been the subject of considerable research (e.g., Broder, Dunivant, Smith, and Sutton, 1981; Lane, 1980; Murray, 1976). (See following Page for Table II)

ACLD Prevalence Study - LD: Over-representation in the Juvenile Justice System

The ACLD Prevalence Study examined juveniles:

(1) adjudicated delinquent compared to those with no official record of delinquency;

(2) found to be learning-disabled compared to those not learning-disabled; and those

(3) reporting a greater amount of delinquency compared to those reporting a lesser amount of delinquency.

The prevalence study sample was drawn from three metropolitan areas and included approximately 1,000 adjudicated delinquents and 1,000 youths with no record of adjudication. Thirty-two percent of the delinquent boys were found to be learning-disabled. Further data analysis showed that the learning-disabled boys were proportionately more likely to have been members of the officially delinquent group, even when controlling for age, social status, and ethnicity. "In fact, the rate of adjudication among learning-disabled youths is more than twice the rate of adjudication among non-learning disabled youths" (p. 44).

Prevalence of Mentally Retarded Juveniles in the Juvenile Justice System

Morgan's national survey of the prevalence of handicaps in juvenile correctional institutions employed the definition

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[3] Using a statistical procedure to determine the relative incidence of learning disabilities by age, Kaskowitz suggests that juveniles in the 14-17 year range have less incidence of learning disabilities than children in the 6-13 year range.

Table II

Incidence of Learning Disabilities
(per ACLD-R&D Project)

	12-15-year-old Males Adjudicated Delinquents	Predicted Incidence in Public School Population K-12
Learning Disabilities	32%	4.5%

Significant Research Findings

1. The findings supported the hypothesis that LD produced school failure which, in turn, led to delinquent behavior (there was not sufficient information to determine which specific causal processes were the basis of this effect).

2. The findings supported the susceptibility hypothesis that some of the effects of LD on delinquent behavior occurred directly without being mediated by school failure. The results strongly suggested that characteristics associated with LD (i.e., inability to anticipate future consequences of actions) contributed directly to delinquent behavior.

3. The findings supported the differential arrest hypothesis. LD youths were more likely to have been arrested than their non-LD peers who reported committing offenses with equal frequency and seriousness.

4. The findings supported the differential adjudication hypothesis. When all factors were controlled statistically, the LD youths had a significantly higher probability of being officially adjuciated delinquent than did their non-LD peers.

5. LD was strongly related to official delinquency. The odds of being adjudicated delinquent were 220% greater for adolescents with learning disabilities than for their non-LD peers. (On a national measure 9 of every 100 adolescent males compared to 4 of every 100 non-LD adolescent males)

6. The incidence of LD in the adjudicated delinquent group was 32%. This indicates that a substantial proportion of official delinquents are handicapped with LD.

7. The greater delinquency of LD youths could not be attributed to socio-demographic characteristics.

8. As officially non-delinquent boys advance through their teens, those with LD experience greater increases in delinquent activities.

Finally, while only a relatively small proportion of the youth population is affected by LD, LD appears to be one of the important causes of delinquency.

of mental retardation proposed by the American Association on Mental Deficiency (Grossman, 1973:11). Morgan found that 9.5 percent of incarcerated juveniles are mentally retarded (including educable and trainable retardates) (Morgan, 1979:285), placed mental retardation as the third most prevalent handicap among incarcerated juveniles. Brown and Courtless report the same prevalence of mental retardation among adult inmates (Brown and Courtless, 1971:25).

The proportion of mentally retarded incarcerated offenders varies considerably according to geographical region for both adult and juvenile populations (Brown and Courtless, 1971:26; Morgan, 1979:284-285). For example, California and New York respectively identified two percent and three percent of incarcerated juveniles as mentally retarded (Morgan, 1979:284-285). At the other end of the range, Mississippi reported 32 percent of the incarcerated juveniles as retarded, Alabama 63 percent, and Delaware 70 percent. Brown and Courtless suggest these geographical variations are indicative of the effect of sociocultural variables (Brown and Courtless, 1971:27). The variations in juvenile court structure and procedure (Stapleton, Aday, and Ito, 1982) may account for some of the geographical variation. That is, courts with more extensive pre-intake screening may divert a larger proportion of mentally retarded juveniles than courts with direct filing procedures. Similarly, the geographical variations may be due, in part, to State variations in resource availability outside the correctional system for handling mentally retarded juvenile offenders.

Estimating the prevalence of mental retardation among juvenile justice system clients is complicated because available estimates for the same States by different researchers are often inconsistent. For example, some researchers report lower percentages of mentally retarded juvenile offenders than those presented by Morgan. Hazeldine (1977) indicates only six percent of the clients within the Ohio Youth Commission Institutions had I.Q. scores below 70, compared to the 21 percent retardation reported by Morgan for Ohio. Haskins and Friel (1973a) reported that 13 percent of the juveniles committed to the Texas Youth Council were mentally retarded, compared to the 22 percent reported by Morgan for Texas.

Alternatively, the following estimates for Georgia and Tennessee are higher than those reported by Morgan for the same States. The Atlanta Association for Retarded Citizens reports, "An initial survey of the correctional institutions of Georgia showed that as high as 39 percent of the inmates could be classified as mentally retarded . . ." and in the juvenile centers, the percentage was 44 percent (Atlanta Association for Retarded Citizens, 1975:1). In contrast, Morgan reported that 22 percent of Georgia's incarcerated juveniles are mentally retarded (Morgan, 1979:284-285). The Juvenile Offender Project of

Nashville indicates 37 percent of the boys sent to Tennessee correctional institutions score in the retarded range on intelligence tests, compared to 15 percent reported by Morgan for Tennessee (Juvenile Offender Project, Morgan, 1979:284-285).[4]

The difference in mental retardation figures reported by various researchers can be attributed, in part, to varying definitions of mental retardation. For example, the Atlanta Association for Retarded Citizens, whose estimate for Georgia was higher than Morgan's, defines retardation as having an I.Q. score below 80 (Atlanta Association for Retarded Citizens, Inc., 1975). This cut-off is 10 points higher than the score of 70 indicated by the American Association of Mental Deficiency definition employed by Morgan (1979). More individuals would be classified as mentally retarded with an I.Q. cut-off point of 80.

Browning discusses the effect of mental retardation definition on prevalence data (Browning, 1976:38). He compares the original (1961) and revised (1973) AAMD definitions which describe mental retardation requirements as being "subaverage intellectual functioning" and "significantly subaverage general functioning." The addition of "significantly" statistically changed the cut-off point for calling a person retarded from an I.Q. of approximately 80 to 85, to a relocated cut-off point of approximately 68 to 72. "With a single stroke of the pen, 80 percent of the persons whose intellectual level could be considered low enough to be labeled mentally retarded using the original definition can no longer be considered subaverage enough for the new definition" (Browning, 1976:38).

While Browning's statement suggests a sense of arbitrariness in defining mental retardation, redefining the I.Q. cut-off point can have a major impact. With regard to the juvenile justice system, where special services may be provided only for those labeled mentally retarded, the juveniles in the borderline range, who would have been considered retarded by the previous definition, lose access to beneficial services as they do not meet the new criteria for mental retardation.

In addition to the variance caused by differing definitions, the variations in retardation estimates may be due to differences in sampling procedures and testing measures employed by the researchers. Despite definitional and sampling variations, the incidence of mental retardation among juvenile justice system clients is significant.

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[4]Exact publication date unknown; however, between 1973 and 1976.

Over-Representation in the Juvenile Justice System

In contrast to Morgan's national estimate of 9.5 percent mental retardation among incarcerated juvenile offenders, Kaskowitz (using a similar definition) reports only 2.3 percent mental retardation among the school-age general population (Morgan, 1979:285; Kaskowitz, 1977:32). The disproportionate number of mentally retarded juveniles in the justice system should not be misconstrued to indicate a causal link between mental retardation and delinquency. The following factors may account for the relatively high incidence of mentally retarded delinquents. First, retarded delinquents are more likely to be apprehended and found guilty of the offense (Berkman and Smith, 1979:61). They are less competent than non-retarded juveniles at avoiding detection, apprehension, and formal processing in the juvenile justice system. It has been suggested that mentally retarded clients frequently confess because of a desire to please (Hazeldine, 1977:14). While such behavior is common of juveniles in general, it appears to be more common among mentally retarded juveniles. In addition, Hazeldine suggests since many mentally retarded clients are from the lower income bracket (more so than juvenile delinquents in general) and cannot afford a private attorney, they may be more likely to be incarcerated. Furthermore, while non-retarded delinquents may be diverted to alternative programs, the lack of residential facilities or group homes for mentally retarded delinquents may contribute to the high incidence of retardates in juvenile correctional institutions (Hazeldine, 1977; Berkman and Smith, 1979). Finally, mentally retarded adjudicated delinquents are less likely to be placed on probation and more likely to be placed in a juvenile institution; thereby increasing their numbers in the justice system (Haskins and Friel, 1973c).

Summary - Major Issues

Surveying the prevalence or incidence of handicapped juveniles in the juvenile justice system was extremely difficult due to the lack of current reliable research literature; variations and biases in existing surveys; and because virtually no validated data exists where the prevalence of all handicapping conditions has been tested, measured and/or analyzed. However, it is becoming most obvious that the prevalence of handicapped juveniles in the juvenile justice system is significant and presents monumental complex problems that must be resolved. We cannot afford to continue to perpetuate this terrible waste of human resources.

Recommendations

The actual prevalence and nature of handicaps among juveniles referred to the court in various jurisdictions is incomplete because (1) a number of clients are diverted in the system;

(2) others are awaiting testing; and (3) some are not receiving the kinds of intake services which allow accurate identification of specific handicaps. More importantly, it appears much of our efforts are directed to punitive or rehabilitation treatment resulting in treating the symptom rather than the problem. We must set up a method to systematically initiate early identification and intervention measure long before the at-risk child becomes an adolescent and penetrates the juvenile justice system. Definitions, operational criteria, and programs for each handicapping condition must be uniform across the country and between the systems (i.e., education, juvenile justice, mental health) which impact on the handicapped.

There must be better coordination of services between the systems to remedy the problem. Without clear legislation and policies designating responsibility for providing special services, agencies are able to avoid dealing with the complex task of providing quality services to this specific population. Specific laws, decisions, and policies must be made about which system or combination of systems are to be responsible and accountable for these juveniles. Until such acts occur, agencies will continue to avoid responsibility and handicapped juvenile offenders will be inadequately served.

If we are to believe our children are our future, then we must take positive steps to ensure our future.

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